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United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program  
Development

Environmental  
Services, Unit 149  
4700 River Road  
Riverdale, MD  
20737

ENQL 7-1 CY09  
PERMANENT  
Retire 07/14

July 22, 2009

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: Aggregate adverse effect  
incidents occurring between March through May 2009  
for the reporting period ending July 31, 2009**

This report is for the following pesticide product for the reporting period ending  
July 31, 2009:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

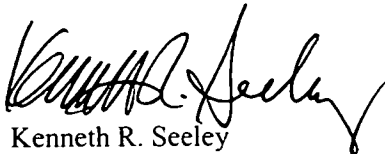
M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
W-B

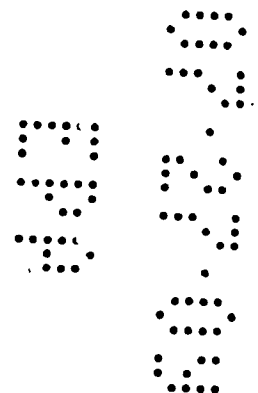
No. of Incidents  
2

Please direct any questions pertaining to these adverse incidents to Ann Nasr at  
(301) 734-5170 or [e-mailann.m.nasr@aphis.usda.gov](mailto:e-mailann.m.nasr@aphis.usda.gov).

Sincerely,

  
Kenneth R. Seeley  
Chief, Environmental Services

Enclosure



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

-001

## 8(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE  WB	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  04/07/2009	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)  Scott Evens		TELEPHONE NUMBER  701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th Street North Granville, ND58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE  ND	COUNTY  Bottineau	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]
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Rangeland/Pasture

M-44 device activated by non-target  
species - Raven, Common

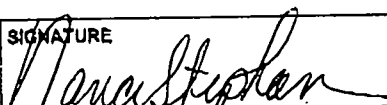
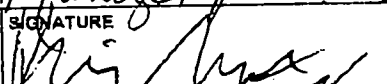
EPA REGISTRATION NUMBER  56228-15	PRODUCT NAME  M-44	ACTIVE INGREDIENT  Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

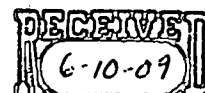
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage  
program for livestock protection.

NAME OF PREPARER  Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER  701-250-4405	DATE  05/15/09
NAME OF SUPERVISOR  Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER  701-250-4405	DATE  05/15/09



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DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME		BREED (If known)

## DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Raven was killed after activating M-44 device.

## IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

## MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

## PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

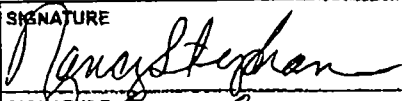

## WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

## DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

## ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 05/15/2009
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 05/15/2009

RECEIVED  
MAY 11 2009  
WB WS-ALB

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date 4-9-2009 <input checked="" type="checkbox"/> New	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Cody Hazen		TELEPHONE NUMBER (575) 643-5601	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS P.O. Box 341 Cimarron, NM 87714		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE NM	COUNTY Colfax	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) 16n-target pull.				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Rangeland		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation) Application		
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M44 Capsule	ACTIVE INGREDIENT Sodium Cyanide		
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SUMMARY OF THE INCIDENT (Attach supplemental form if needed) While checking M44 units on [redacted] Ranch I found one raven had pulled one unit. *DISTRICT SUPERVISOR, KEN PODBORNY WAS PRESENT AND CONDUCTING FIELD INSPECTION WHEN UNIT WAS CHECKED.				
NAME OF PREPARER Cody Hazen	SIGNATURE Cody Hazen	TELEPHONE NUMBER 575-643-5601	DATE 5-4-2009	
NAME OF SUPERVISOR KEN PODBORNY	SIGNATURE Ken Podborny	TELEPHONE NUMBER (505) 346-2640	DATE 5-12-09	

WS FORM 160-R (June 99)  
(Local Reproduction Authorized)

RECEIVED  
6-10-09

4

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME <i>Common Raven</i>	BREED (if known)	

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

*Death*

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

*One Common Raven death*

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

*One M44 capsule*

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

*M44 units were being used to control coyotes in protection of calves where predation had occurred and an accidental pull by a Common Raven took place.*

ADDITIONAL FACTORS

NAME OF PREPARER <i>Cody Hazen</i>	SIGNATURE <i>Cody Hazen</i>	DATE <i>5-28-2009</i>
NAME OF SUPERVISOR <i>Ken Podborny</i>	SIGNATURE <i>Ken Podborny</i>	DATE <i>6-9-09</i>

WS FORM 160B-R (June 99)

(Local Reproduction Authorized)